Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

015-

SFUND RECORDS CTR 999000288

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Mu	st be filled by pro	ducer)			HAULER OF WASTE (Must be filled by hauler)
Name (PRINT ON TYPE)			[ASBURY OIL CO.
(PRINT OR TYPE)				CODE NO.	13419 Halldale Ave., Gardena, California 90249
(PRINT ON TYPE) Pick up Address: (NUMBE Telephone Number: (')	R) (STREET)	- (cı	TV)		Phone: (213) 321-1392 Pick Up:
Telephone Number: ()		l.O. or Contract I	Vo.:		Pick Up:(pm
Order Placed By: Date:					
Type of Process					Job No.: No. of Loads or Trips: Unit No.
which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling CODE No.					Vehicle: ☐vacuum truck
The state of the s					(sexciev) The described waste was hauled by me to the disposal
DESCRIPTION OF WASTE (Must be filled by producer)					facility named below and was accepted.
Check type of wastes:					It certify (or declare) under penalty of perjury that the foregoing is true and correct.
1. [] Acid solution	6. [] Tetraethyl lead sludge		11. Contaminated soil and sand		SANATORE OF AUTHORIZED AGENT AND TITLE
2. Alkaline solution	7. Chemical toilet wastes		12. Cannery waste		DISPOSER OF WASTE (Must be filled by disposer)
3. [] Pesticides 4. [] Paint sludge	8. [] Tank bottom sediment 9. [] Oil		14. Mud and water		Name (print or type): Ope fating Ind
	9. 🗆 OII 10. 🛄 Drilling		15. Brine	water	(VI a 1 m ac 1 V /) a K
5. L. Solvent	I TO. L.J Drilling	mua	1 15. L. Brine	<u> </u>	
Other (Specify)					The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
					local restrictions.
phenolics, solvents (list), metals (list), Upper Lower % ppm prganics (list), cyanide)					Quantity measured at site (if applicable):State fee (if any):
-	an suc		Г	7 (7	Handling Method(s):
1.	- 		<u> </u>		□ recovery
2					ll
<u>3</u>					Treatment (specify):
4.					[
_				7 7	Other (specify):
b.			- }	┥ 片	If waste is held for disposal elsewhere specify final location: Disposal Date: 0 - 0 - 7 9
6.					Disposal Date:
Hazardous Properties of Waste:					I certify (or declare) under penalty of perjury that the foregoing is true and correct.
pH′ 🔲 non	e 🗆 toxic	☐ flammable	corrosive	explosive	SIGNATURE OF AUTHORIZED AGENT AND TITLE
Bulk Volume:	اهه 🗆	□ tons É	barrels (42 gal.) Do	ther [SPECIFY]	The site operator shall submit a legible copy of each completed Record to the State Department of
					Health with monthly fee reports.
Containers: [NUMBER]	🔲 drums	Cartons C] bags 🔲 o	ther (SPECIEY)	
			_		
Physical State:	[] solid	El liquid C	studge 🗆 o	ther [SPECIFY]	
Special Handling Instructions (if any):					O
					K001220
					VOOTWOO
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).					
Figure 1 to the foregoing is true and correct.				11 m	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
	SIGNATURE OF AUTHORIZED AGENT AND TITLE			D.O.T. Proper Shipping Name	